

SEP 26 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31881

1. PLACE OF DEATH

County *Monroe*
Township *Little Prairie*
City *Monroe* (No. *1*)

Registration District No. *661*
Primary Registration District No. *5862*

File No. *86*
Registered No. *86* Ward

2. FULL NAME

Mrs. Barbara Adams

(a) Residence, No. *1* St. *1* Ward *1*
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *1*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *6-1-1930*

7. AGE YEARS *6* MONTHS *2* DAYS *30* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year) *None*
11. Total time (years) spent in this occupation *None*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monroe, Mo.*

13. NAME *Barbara Adams*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monroe, Mo.*

15. MAIDEN NAME *Barbara Adams*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monroe, Mo.*

17. INFORMANT (ADDRESS) *Barbara Adams*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Monroe, Mo.* DATE *9-4-1936*

19. UNDERTAKER (ADDRESS) *Barbara Adams*

20. FILED *Sept. 2, 1936* *Ada Martin* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 31, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 31, 1936*, to *Aug 31, 1936*. I last saw her alive on *Aug 31, 1936*. Death is said to have occurred on the date stated above, at *11:55 p.m.* The principal cause of death and related causes of importance were as follows:

Burns Resulting from Clothing Caught on fire 1/2 of Body Surface, Believed
Date of onset *Aug 31-36*

Other contributory causes of importance:

Name of operation *181* Date of *181*
What test confirmed diagnosis? *181* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide *Accident* Date of injury *Aug 31, 1936*
Where did injury occur? *Monroe, Mo.* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place *At home*
Manner of injury *and clothing caught on fire*
Nature of injury *burns*

24. Was disease or injury in any way related to occupation of deceased? *None*
If so, specify *None*
(Signed) *Barbara Adams*
(Address) *Monroe, Mo.*

24

1875

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Jennett
Township Little Prairie
City (No.)

Registration District No. 60-1
Primary Registration District No. 3862

File No.
Registered No. 96
St. Ward

2. FULL NAME

Anna Barbara Adams

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 12 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Oct. 19 1936 Cda Martin

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Burns resulting from
clocking catches fire
12 of body surface burned

Other contributory causes of importance:

No. Home was not
destroyed by fire

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Gilmore D.O.

(Address) Kennett Mo

NOTE: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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